

Intellectual and Developmental Disability and Behavioral Health Services

Fiscal Year 2021 in Review



TEXAS
Health and Human
Services

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MESSAGE

FROM THE DEPUTY EXECUTIVE COMMISSIONER

I am thrilled to share with you the second Texas Health and Human Services Commission (HHSC) Intellectual and Developmental Disability and Behavioral Health Services (IDD-BHS) Annual Report highlighting our department's key fiscal year 2021 accomplishments. Ensuring the people we serve receive services at the right time and the right place is at the heart of what we do.

Fiscal year 2021 brought us extraordinary, unparalleled challenges. In addition to a busy and productive legislative session, Texas continued its recovery from the coronavirus disease 2019 (COVID-19) pandemic. Through it all, our IDD-BHS teams, as well as our many community providers, stepped up to the challenge to ensure the intellectual and developmental disability (IDD) and behavioral health needs of the people we serve were met. The pandemic reshaped how we delivered services to Texans in so many ways.

We could not have succeeded this past year without the unyielding, vigorous support of so many. I want to express my sincere gratitude to the Texas Legislature, the Office of the Governor, the Substance Abuse and Mental Health Services Administration (SAMHSA), Executive Commissioner Cecile Erwin Young, and Chief Program and Services Officer Michelle Alletto for their ongoing support throughout the year.

Many thanks to our provider partners, including the local mental health and behavioral health authorities (LMHAs/LBHAs), the local intellectual and developmental disability authorities (LIDDAs), substance use disorder (SUD) providers, and all other contractors who have helped contribute to our success.

I also want to recognize the valuable contributions of our statewide councils and advisory committee members who generously volunteer their time to offer their knowledge, skills, and unique perspective to the work we do to help us deliver the best possible behavioral health services to Texans. A special recognition to our Health and Specialty Care System (HSCS) partners responsible for providing leadership over the state hospitals and state supported living centers (SSLCs). This annual report highlights several of the collaborative projects we jointly worked on in 2021.

Finally, I want to acknowledge the incredible focus and outcomes produced by our IDD-BHS team. You made the impossible happen this past year in the midst of a global pandemic. I am so incredibly grateful for your commitment to continue to make a difference in the lives of the people we serve!

Our annual report demonstrates the dedication of our IDD-BHS team, as well as the commitment of our extraordinary provider partners. However, the success stories included in this report provide deeper context to the real-life impacts of our programs and initiatives.

I am proud to lead the extraordinary services offered through IDD-BHS in our continued effort to improve services and make a positive difference in the lives of those we serve in fiscal year 2022.



MISSION, VISION, AND VALUES

HHSC MISSION



Improving the health, safety, and well-being of Texans with good stewardship of public resources.

HHSC VISION



Making a positive difference in the lives of the people we serve.



IDD-BHS MISSION



Establish accountable and coordinated IDD and behavioral health systems of care that direct performance to achieve meaningful clinical and cost-effective outcomes for all Texans.

IDD-BHS VISION



Ensure that Texans have access to the right IDD and behavioral health services at the right time and place.



ENSURE THAT TEXANS
HAVE ACCESS TO THE
RIGHT IDD AND
BEHAVIORAL HEALTH
SERVICES AT THE RIGHT
TIME AND PLACE.



IDD-BHS VALUES



IDD AND BEHAVIORAL HEALTH PROGRAMS AND SERVICES MUST:

- Be person-centered with the strengths and the needs of the person determining the types of services and supports provided;
- Be culturally and linguistically sensitive with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve;
- Be delivered in a flexible manner, where possible, to meet the needs of each child, family, or adult close to their community; and
- Be accessible to all Texans regardless of setting (i.e., prison, jail, school, etc.) through the use of innovative technologies, such as telemedicine, that increase access to treatment and address transportation barriers.

LEADERSHIP TEAM



SONJA GAINES
Deputy Executive Commissioner



ROBERT DOLE
Deputy Associate Commissioner
System Integration



COURTNEY HARVEY, PHD
Associate Commissioner
Office of Mental Health Coordination



TRINA ITA
Associate Commissioner
Behavioral Health Services



DIYA LALCHANDANI
Director
Office of Decision Support



NORA SALDIVAR
Director
Cross Division Coordination



JENNIE SIMPSON, PHD
State Forensic Director
Office of the State Forensic Director



ED SINCLAIR
Director
Business Operations



RODERICK SWAN
Associate Commissioner
Contract Operations



JAY TODD
Director
Innovation & Engagement



HALEY TURNER
Associate Commissioner
IDD Services



ROBERT WALKER
Executive Assistant



DONNIE WILSON
Director
Special Projects

DEPARTMENT OVERVIEW

IDD-BHS was fortunate this past legislative session to receive new funding in support of mental health services in the community. The 87th Legislature appropriated additional funding to enhance access to community-based inpatient psychiatric care in rural and urban areas of the state. We are very appreciative of the state's leadership support and investment in mental health care for Texans.

The department contracts with local authorities across the state to provide IDD and behavioral health services in the community. LIDDAs provide IDD services, coordinate care, and enroll eligible people into the Home and Community-based Services (HCS) and Texas Home Living (TxHmL), as well as other Medicaid programs. LMHAs and LBHAs as well as home and community-based providers and organizations provide community-based services including outpatient mental health services, community-based hospital services, SUD services, and crisis services including Mobile Crisis Outreach Teams, Veterans mental health, jail diversion, and peer support.

IDD-BHS strives to provide a seamless experience for people who need help through a unified and coordinated approach to the delivery of appropriate and cost-effective IDD and behavioral health services.

TABLE 1. Fiscal years 2020 and 2021 IDD-BHS total clients served

Program Area	FY20 Number Served	FY21 Number Served
Behavioral Health Services	3,322,584	12,793,759*
IDD Services	72,455	72,524**
Office of Mental Health Coordination	167,424	163,320
Total	3,562,463	13,029,603

* Number includes disaster behavioral health services with potentially duplicated numbers due to people receiving more than one disaster behavioral health service. Includes SUD services with potentially duplicated numbers due to people receiving more than one service. This number includes people served in the Texas Targeted Opioid Response (TTOR) as of September 2020.

** People who received some type of service from the LIDDA which may not include general revenue funded services.

FISCAL YEAR 2022 DEPARTMENT GOALS

1. Further enhance Texas' national presence and recognition for innovative IDD-BHS approaches and enhance collaboration with other states regarding best practices.
2. Improve reporting on key IDD-BHS performance indicators that evaluate the effectiveness of business, legislative, and federal initiatives to inform evidence-based programmatic decisions.
3. Build new and strengthen existing interagency and stakeholder collaborative relationships through targeted, communication initiatives, using technology to maximize reach and outcomes.
4. Develop strategies to ensure leadership development, employee engagement and retention, and implementation of staff performance measures to ensure high-quality performance throughout IDD-BHS.
5. Refine and/or create policies and procedures to clearly define department functions across IDD-BHS.
6. Implement modern data systems and processes to integrate with current HHSC and best in-class systems.
7. Become more data-driven, improve decision making, and maximize available funding.

FISCAL YEAR 2021 HIGHLIGHTS

Fiscal year 2021 was fast-paced and full of new opportunities to enhance crucial resources for Texans in need of behavioral health support. These are the highlights of a historic year at IDD-BHS.



MentalHealthTX.org Website Redesign

Visitors can access assistance via telephone, chat, or text; a service locator for mental health and SUD services by zip code; and educational information about behavioral health. In December 2020, capability for handling 64 languages was added. Changes dramatically increased website traffic.

DEC



All Texas Access Conference

The All Texas Access conference focused on key behavioral health initiatives, innovations, and opportunities. More than 1,000 attendees listened in on the initiatives included in the All Texas Access regional plans developed by LMHAs and LBHAs that serve rural areas of Texas.



H.R. 133 and American Rescue Plan Act Funding

HHSC was awarded \$203.4 million in COVID-19 Mental Health Block Grant (MHBG) and \$252.8 million in COVID-19 Substance Abuse Block Grant (SABG) supplemental funds by SAMHSA following passage of the federal Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (H.R. 133) and the American Rescue Plan Act, 2021 (ARPA). The agency received an additional \$9 million in ARPA funding for COVID-19 testing and mitigation resources for mental health and substance use providers.

MAR



State Supported Living Center Transitions

IDD Services collaborated on 36 individual cases for people transitioning from jail, a state hospital, or an SSLC to the community or another less restrictive setting. The coordination also identified several areas with additional training needs on community options for people with IDD, the least restrictive setting tool, and the role of the Community Resource Coordination Groups. Strengthening these areas in fiscal year 2022 may have a positive impact on transitions from jail and institutional settings, as well as diverting from SSLC admission.

FEB



COVID-19 Mental Health Support Line

Statewide mental health support line to help Texans experiencing anxiety, stress, or emotional challenges due to the COVID-19 pandemic surpassed 17,000 calls answered since its inception in March 2020.

MAY

Increased Inpatient Psychiatric Beds

The 87th Legislature appropriated \$30 million for the biennium to fund state-purchased inpatient psychiatric beds, with \$15 million designated for rural beds and \$15 million for urban beds. The additional beds will increase bed capacity in fiscal year 2022.

AUG

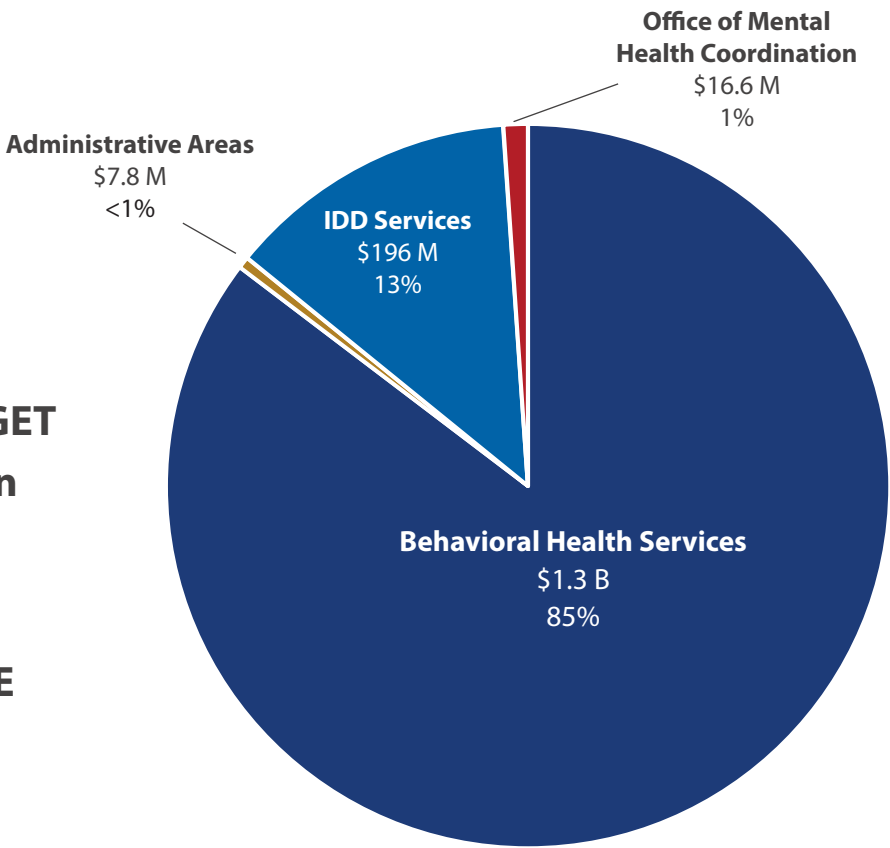
2021 Texas HHSC Institute

After a three-year hiatus, IDD-BHS relaunched this popular annual conference, formerly known as the Behavioral Health Institute, providing an educational opportunity for stakeholders with a vested interest in addressing intellectual and behavioral health needs for various populations across the continuum of care. With its return in 2021, the three-day virtual event garnered 680 attendees.

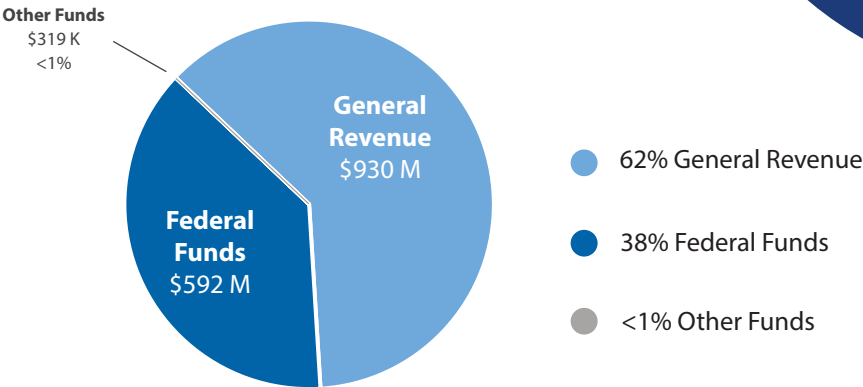
BUDGET AND CONTRACTS

The Business Operations team provides financial oversight and direction for approximately \$1.4 billion. The Contract Operations team oversees the contract lifecycle and compliance monitoring for more than 1,300 contracts valued at \$1.3 billion. These units worked harder than ever in fiscal year 2021 to ensure new funding streams were managed in a responsible and efficient way, allowing us to do the most good for all Texans.

TOTAL BUDGET
\$1.5 Billion



METHOD OF FINANCE



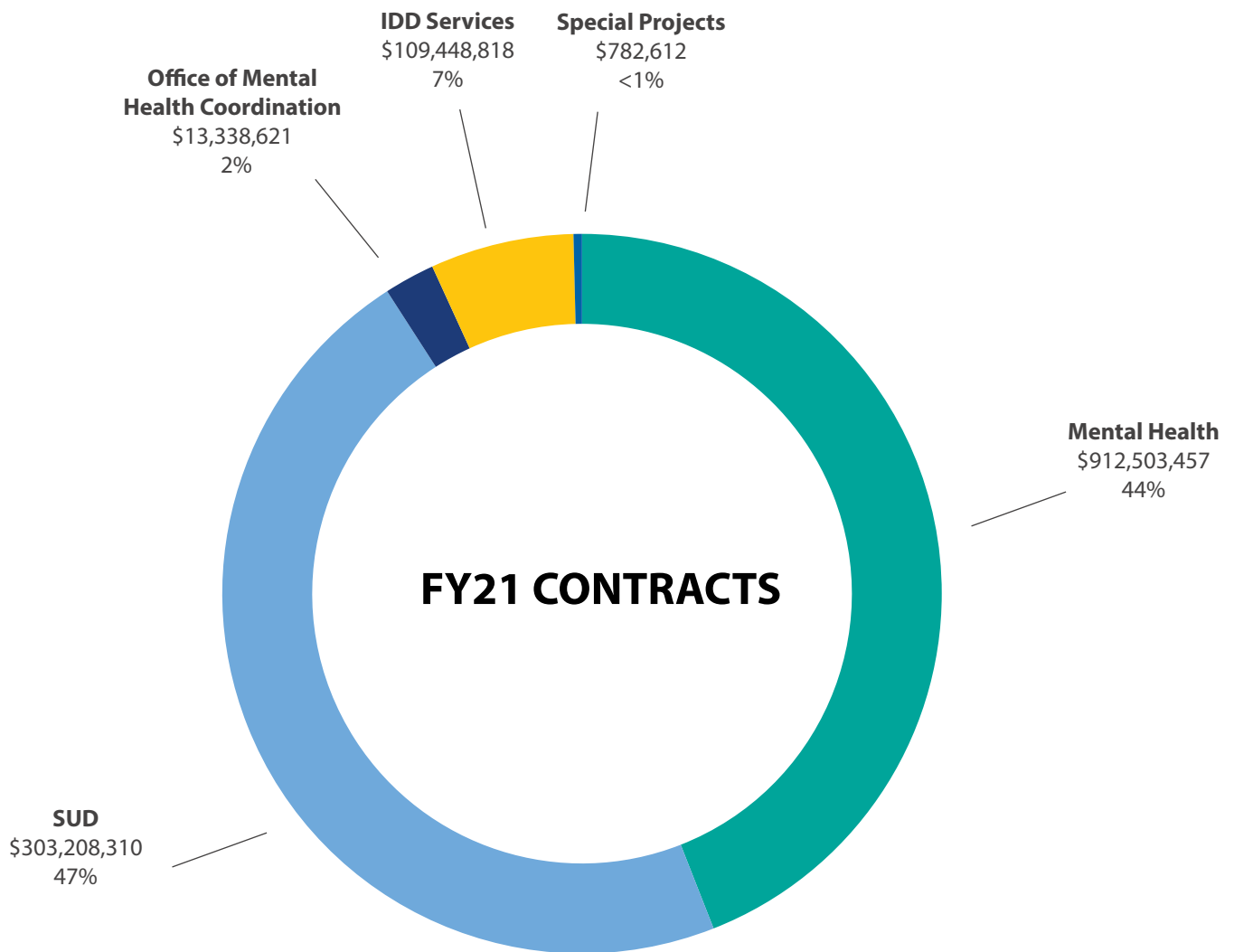


TABLE 2. Fiscal year 2021 IDD-BHS total contracts by program area

Program Area	Number of Contracts	Value
Behavioral Health Services		
Mental Health	580	\$912,503,457
SUD	617	\$303,208,310
Office of Mental Health Coordination	30	\$13,338,621
IDD Services	85	\$109,448,818
Special Projects	5	\$782,612
Total	1,317	\$1,339,281,818

INNOVATIVE APPROACHES TO

COVID-19 RESPONSE

The COVID-19 pandemic brought unique challenges to the state's mental health service delivery system, severely limiting the mental health workforce's ability to provide in-person care due to health and safety concerns. Since the Texas public health emergency declaration in 2020 and continuing in 2021, IDD-BHS took actions to support providers and HHSC-funded contractors to ensure behavioral health and IDD services continue to meet the needs of Texans.

Providers and Service Provision

IDD-BHS made adjustments and implemented ongoing initiatives to benefit behavioral health and IDD providers and support the provision of services, including the following:

- **Match Requirements.** Not enforcing provider match requirements for the period beginning at the outset of the disaster declaration and throughout 2021.
- **Transfer Funding.** Making allowances for LIDDAs to transfer funding from crisis intervention to crisis respite services to meet an increased demand.
- **Performance Measures.** Relaxing the IDD Authority Contract Notebook performance measures and targets, and the Mental Health Performance Contract Notebook measures and target expectations.
- **Money Follows the Person.** Working with the Centers for Medicare & Medicaid Services to allow for flexibility of Money Follows the Person (MFP) funds to be repurposed to support efforts related to COVID-19.
- **Waivers.** Requesting waivers to suspend Medicaid-related service provision requirements.
- **Emergency Rules.** Developing emergency rules during the pandemic response period, permitting enhanced flexibility, and proposing a standing behavioral health services disaster rule that can be implemented during a declared disaster, thereby avoiding the need for future emergency rules.
- **Safety Measures.** Arranging crisis response facility workflows to support social distancing and personal protective equipment use to ensure the safety of the staff and people seeking care.

TELESERVICES FROM JANUARY 2020 - JUNE 2021

- **Teleservices.** Allowing for the expanded use of teleservices. Behavioral health providers have maintained service levels during the pandemic by adjusting service delivery to remote technology.



TELEPHONE
ENCOUNTERS
INCREASED BY

731%



VIDEO
ENCOUNTERS
INCREASED BY

132%



COVID-19 RESOURCES AND OUTREACH



477

BEHAVIORAL HEALTH SERVICES' PROVIDERS REGISTERED TO ACCESS COVID-19 SHAREPOINT SITE



688

PROVIDER STAFF ATTENDED LIVE TRAININGS



21

WRITTEN UPDATES SENT TO PROVIDERS



6,960

WEBINAR PARTICIPANTS

- **COVID-19 External SharePoint Site.** A comprehensive provider resource for broadcast messages, telehealth information, online trainings, funding opportunities, vaccine information, and frequently asked questions.
- **Informational Webinars.** Webinars drew 6,960 participants between March 2020 and January 2021. Since January 2021, Behavioral Health Services hosted 38 webinars and disseminated 21 semi-monthly written informational provider updates.
- **Training.** A live webinar series supported providers delivering telehealth services in collaboration with the University of Texas Health Science Center at San Antonio.
- **Flyers.** COVID-19 Mental Health Support Line materials were created in English and Spanish.
- **Virtual Groups.** LMHA and LBHA virtual groups for medical staff at local hospitals provided crisis counseling support and referral services.

TEXAS EMERGENCY COVID-19 RESPONSE PROGRAM FOR BEHAVIORAL HEALTH SERVICES

Provides virtual behavioral health services to people with SUD, health care practitioners with a mental health condition less severe than a serious mental illness (MI), and people with a mental health condition less severe than a serious MI.

12,530 PEOPLE IMPACTED BY THE COVID-19 PANDEMIC RECEIVED VIRTUAL SERVICES, INCLUDING INCIDENT SURVIVORS, FAMILY MEMBERS OF THE DECEASED, AND HEALTH CARE RESPONDERS

COVID-19 MENTAL HEALTH SUPPORT LINE: SUPPORTING MENTAL HEALTH THROUGH A PANDEMIC

In coordination with the Harris Center for Mental Health and IDD Services, HHSC implemented a statewide COVID-19 Mental Health Support Line for Texans experiencing anxiety, stress, or emotional challenges due to the COVID-19 pandemic in March 2020.

The support line is a person-centered tool offering remote and anonymous mental health services, connection to LMHAs and LBHAs, COVID-19 education, vaccine information, and community resources 24 hours a day, 7 days per week, at no cost to all Texans by calling 833-986-1919. A text feature was added in July 2021, expanding access capacity. Now people seeking services can also text COVID to 832-479-2135 for assistance.



The support line has been hosting virtual support groups for frontline health care disaster and emergency professionals since May 2020 to provide crisis counseling support and referral services.



17,983

CALLS FROM TEXANS BETWEEN MARCH 2020 AND AUGUST 2021



205

OF 254 TEXAS COUNTIES REPRESENTED BY CALLERS

REASONS FOR CONTACTING THE SUPPORT LINE

Between March 2020 and August 2021, the number one reason cited by callers for contacting the support line was emotional support (51 percent), followed by requests for mental health resources (13 percent), and COVID-19 vaccine, testing, and medical information (12 percent).



51% EMOTIONAL SUPPORT

12% MEDICAL INFORMATION

13% MENTAL HEALTH RESOURCES

24% NOT REPORTED

COVID-19 CRISIS COUNSELING AND TRAINING PROGRAM

The COVID-19 Crisis Counseling Program (CCP) offers strengths-based, anonymous, outreach-oriented counseling services conducted in nontraditional settings (homes, shelters, temporary living sites, or houses of worship) and designed to strengthen existing community support systems.

In partnership with LMHAs/LBHAs and the COVID-19 Mental Health Support Line, crisis counseling services were delivered through social media campaigns, telephone outreach, public service announcements, video conferencing, mass mailings, and distribution of psychoeducational materials with funding from Federal Emergency Management Agency disaster grants, including a \$5.8 million Immediate Services grant in early 2020 and a later \$20 million in October 2020.

CCP teams provided a combined total of 120,958 primary services (individual and group counseling sessions) and 1,909,890 secondary services (educational information, social media, etc.) between January and October 2021.

CCP SERVICES PROVIDED AS OF DECEMBER 11, 2020:



5,916

INDIVIDUAL CRISIS
COUNSELING SESSIONS



11,101

GROUP COUNSELING AND
PUBLIC EDUCATION SERVICES



270,533

MEDIA, EDUCATIONAL, EMAIL,
AND PHONE CONTACTS



341,116

SOCIAL MEDIA REACHES

SUCCESS STORY: HILL COUNTRY

A CCP provider and the Salvation Army partnered to go door-to-door weekly in a trailer park to provide support and educational materials for those who needed resources. Examples of resources shared include information on financial support, the local mental health agency, peer support partners, and local Alcoholics Anonymous centers.

They met a gentleman who had deeply struggled through the pandemic when their community center closed. His hallucinations began to ramp up due to being indoors for too long, and it became difficult to use his favorite coping skills. He was unable to find art supplies due to stores being low on stock or closed to the public.



Texans Recovering Together Crisis Counselor from the Burke Center poses with a community member.

During this time, he lost his job and almost lost his home because his hallucinations and anxiety prevented him from being able to complete regular, everyday activities. CCP staff members were able to get him set up at a local mental health clinic, and they gathered donated art supplies as well as set up a series of skill sessions to assist the gentlemen in getting back on track. For the past month, he has been consistently attending meetings with a counselor, submitting new job applications at various locations, and using his art supplies to create beautiful art for other residents in the trailer park.

COLLABORATION BETWEEN **IDD-BHS AND HSCS**

Collaboration is the hallmark of healthy organizations. Across HHSC, IDD-BHS, and HSCS, teams work collaboratively to serve Texans with behavioral health needs more effectively. Many people served by HHSC transition between state inpatient hospitals or correctional settings and community-based services. A coordinated continuum of inpatient and community-based services ensures people receive the care needed, successfully navigating transitions between the community, correctional facilities, and competency restoration services. Through an intra-agency partnership, HHSC enhanced services across the continuum of care for Texans and improved service delivery in new and innovative ways in fiscal year 2021. Coordinated initiatives included activities related to forensic services, continuum of care services, IDD services, SSLCs, and state hospitals.



FORENSIC COLLABORATION

TEXAS BEHAVIORAL HEALTH AND JUSTICE TECHNICAL ASSISTANCE CENTER

In February 2021, the National Association of State Mental Health Program Directors awarded the HHSC Transformation Transfer Initiative grant program funds to develop the Texas Behavioral Health and Justice Technical Assistance Center (TA Center) to provide targeted technical assistance to stakeholders, such as LMHAs, local law enforcement, jail administrators, the judiciary, and other community leaders.

Going live in fiscal year 2022, the TA Center will encourage collaboration and promote practice and policy change.

FORENSICS AND CRIMINAL JUSTICE EDUCATIONAL SERIES

Led by the Office of the State Forensic Director and State Hospital Forensic Medicine Team, the monthly educational series provides staff across HHSC with the opportunity to learn about topics relevant to forensic services, crisis response and diversion, and the criminal justice system. In fiscal year 2021, the educational series featured nationally recognized experts who spoke on crisis response and 911, the Sequential Intercept Model (SIM), and evidence-based practices for providing treatment services to justice-involved people with MI, SUD, or IDD.



Scott Schalchlin, Deputy Executive Commissioner for the HHSC HSCS.

STATEWIDE SEQUENTIAL INTERCEPT MODEL MAPPING SUMMIT

In January 2021, IDD-BHS hosted Texas' first Statewide SIM Mapping Summit to develop a comprehensive picture of how people with MI flow through the criminal justice system. The summit also identified gaps, resources, and opportunities at each intercept for people with MI, as well as developed priorities designed to improve system and service level responses. The SIM Mapping Summit convened more than 140 stakeholders across the state representing state agencies, local mental health and substance use providers, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, and family members, in addition to HHSC agency staff. The summit led to the development of a report with recommendations to reduce justice involvement for Texans with MI and help ensure access to care at the right time and the right place.

FORENSIC SERVICES SUBCOMMITTEE OUTPATIENT MANAGEMENT PLAN WORKGROUP

The state hospital system's Forensic Services Subcommittee (FSC) led the development of a standardized outpatient management plan (OMP). The OMP was created for the successful transition of people back into the community that were found not guilty by reason of insanity at a state hospital, via IDD-BHS and LMHA staff. The FSC is responsible for overseeing the development, revision, and implementation of evidence-based forensic admission, treatment, restoration, and discharge policies and procedures for the state hospital system. The workgroup recorded a train-the-trainer webinar to support state hospital and LMHA staff in utilizing the new OMP, which is available through IDD-BHS' Centralized Training Infrastructure.

"Collaboration is key to ensuring that everyone we serve is treated with person-centered care. To do that, we have to ensure a full continuum of care for individuals with intellectual or developmental disabilities or those experiencing mental health challenges. It's of utmost importance for the Health and Specialty Care System to work in lock-step with IDD-BH to advance initiatives that will strengthen this continuum for the people we serve."

Scott Schalchlin oversees the operations of 10 state hospitals and 13 SSLCs across Texas.

CONTINUUM OF CARE COLLABORATION

STEP-DOWN PILOT

The HHSC Step-Down Pilot coordinates efforts to identify, assess, and facilitate the successful transition of people with complex psychiatric and/or medical needs exceeding the supports available in traditional settings but who are clinically appropriate for transition from the state hospitals with proper supports.

Four pilot program sites were established for state hospital patients with complex needs to discharge to a more community-based setting, including discharge strategies. The furlough pilot, which would allow state hospital patients to retain their hospital bed if they need more time for discharge, is temporarily on hold due to the effects of COVID-19. Once HSCS and IDD-BHS can address general health, safety, and capacity concerns related to the pandemic, both HSCS and IDD-BHS plan to resume the pilot. For more information on the HHSC Step-Down Pilot, see page 27.



HOME AND COMMUNITY-BASED SERVICES-ADULT MENTAL HEALTH TRANSITIONS FROM STATE HOSPITAL

Coordinated efforts resulted in the successful establishment of a discharge process for people in a state hospital transitioning to the Home and Community-Based Services-Adult Mental Health (HCBS-AMH) program. This effort is notable as people who transition from a state hospital to HCBS-AMH are psychiatrically and/or medically fragile, and a significant number successfully transitioned during a very vulnerable time, the height of the pandemic.

CONTINUUM OF CARE WORKGROUP SUCCESSES

Since November 2018, intra-agency leadership meet regularly as part of the HHSC Continuum of Care Workgroup. Each HHSC area represented on the workgroup – IDD-BHS, HSCS, Medicaid, Regulatory, and Aging Services Coordination – is responsible for addressing the issues and identifying solutions for continuum of care improvement. Objectives of the work group include:

- Ensuring the most effective and efficient communication and coordination between state hospitals and LMHAs to provide seamless care;
- Identifying continuum of care gaps and barriers to ensure successful discharge from state hospitals; and
- Identifying short- and long-term goals to address the identified gaps and barriers in the Texas public mental health system as a whole, with a focus on ensuring all Texans have access to the right care at the right time.

IDD SERVICES COLLABORATION

CONTINUUM OF CARE WORKGROUP

The Continuum of Care Workgroup focuses on barriers to transition for people moving from institutional settings. Trends identified in the continuum of care case collaboration meetings are escalated to the Office of Disability Service Coordination for inclusion in other stakeholder meetings as appropriate.

LEGISLATIVE COLLABORATION

LEGISLATIVE REPORTS

Early collaboration between IDD-BHS and HSCS ensures that the development and implementation of HHSC's legislative reports are timely, accurate, and consistent. For example, IDD-BHS and HSCS collaborate on the following reports:

- *Semi-Annual Reporting of Waiting Lists for Mental Health Services*; and
- *State Hospital Bed-Day Allocation and Utilization Review Protocol* recommended by the Joint Committee on Access and Forensic Services.



LEGISLATIVE UPDATE

87th Texas Legislature BY THE NUMBERS



\$30 million in new funding
for mental health community
hospital beds and funding for
more HCS slots



Technology enhancements
for IDD providers



Unexpended balance
transfer authority
for IDD crisis services

7,327

Total bills

210

Bills assigned
to IDD-BHS

93

Bills assigned
to IDD-BHS as lead

34

Total bills assigned
to IDD-BHS that passed

Key IDD-BHS Legislative Implementation from the 87th Legislative Session

- Senate Bill (S.B.) 454 (Kolkhorst): continues the All Texas Access Initiative with annual updates to regional LMHA plans
- S.B. 642 (West): codifies the Residential Treatment Center (RTC) Relinquishment Avoidance Program and allows direct referrals to the program through LMHAs
- S.B. 1872 (Huffman): sets up the Texas Opioid Abatement Fund Council to manage the statewide distribution of opioid settlement funds
- House Bill (H.B.) 1802 (Dominguez): requires a study on the use of alternative therapies for veterans with post-traumatic stress disorder
- H.B. 3088 (Coleman): makes match requirements consistent across all behavioral health matching grant programs
- Article IX, Section 17.31: requires the procurement and evaluation of a multi-assistance center demonstration project
- Rider 54: appropriates \$30 million for additional community hospital beds

IMPROVING THE LIVES OF THE PEOPLE WE SERVE

MAKING A POSITIVE DIFFERENCE



H.R. 133 AND AMERICAN RESCUE PLAN ACT FUNDING AND PROJECTS

SAMHSA awarded HHSC \$203.4 million in COVID-19 MHBG and \$252.8 million in COVID-19 SABG supplemental funds to support states in addressing the effects of the COVID-19 pandemic for people with MI and SUD. The pandemic exposed the critical importance of supporting people with MI and SUD. Through this funding, Texas will be able to improve and enhance the community mental health and substance use services.

Mental Health Block Grant

The MHBG is designed to provide comprehensive community mental health services to adults with serious MI and children with serious emotional disturbances. COVID-19 supplemental MHBG projects include a required set-aside of 10 percent for Early Onset Psychosis Services and 5 percent for Crisis Services, with indirect and administrative costs capped at 5 percent. HHSC is using the supplemental COVID-19 MHBG awards to fund the eight categories detailed in Table 3 between state fiscal years 2022 and 2025.



The Texas Health and Human Services Commission secured a \$203 million Mental Health Block Grant and a \$252 million Substance Abuse Block Grant from the federal Substance Abuse and Mental Health Services Administration.

Substance Abuse Block Grant

Supplemental SABG projects include a required 20 percent for primary prevention set-aside and 5 percent allowance for indirect and administrative costs. The remaining 75 percent will fund projects across the continuum of

care. These projects span eight categories which support health equity through the provision of SUD prevention, treatment, and recovery support services. Table 4 details these funding categories and respective allocations.

TABLE 3. *H.R. 133 and ARPA MHBG supplemental funding project categories and funding allocations*

Project Category	Total in Millions
State Hospital Step-Down to the Community	\$8.8
Housing Initiatives	\$45.6
Texas Housing Support Line	\$3.9
Rural Crisis Response and Diversion	\$21.7
Crisis Hotline and Mobile Crisis Outreach Team Expansion	\$9.3
Mental Health Outpatient Capacity Expansion	\$78.2
Coordinated Specialty Care	\$19.5
Peer and Recovery Support Services	\$5.2
Total	\$192.2*

TABLE 4. *H.R. 133 and ARPA SABG supplemental funding project categories and funding allocations*

Project Category	Total Projects	Total in Millions
Public Awareness	4	\$39.1
Community Development	3	\$19.0
Overdose Prevention and Crisis Response	2	\$12.9
Treatment	4	\$44.8
Virtual Behavioral Health	5	\$40.5
Recovery Support	5	\$20.0
Housing Initiatives	3	\$57.2
Outcomes and Performance Data	1	\$6.8
Total	27	\$240.1

* Total does not include administrative costs of \$12 million.

EXPANDING CAPACITY FOR COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES

Over 430,000 Texans received community-based behavioral health services while still in the COVID-19 pandemic. IDD-BHS continued to promote recovery and engagement in the community by surpassing the fiscal year 2020 behavioral health service levels of 389,820 people served in 2021 by 12 percent. As reflected in Figures 1 and 2, numbers were exceeded in mental health and super exceeded in the provision of SUD services.

FIGURE 1. *Mental health outpatient capacity expansion*

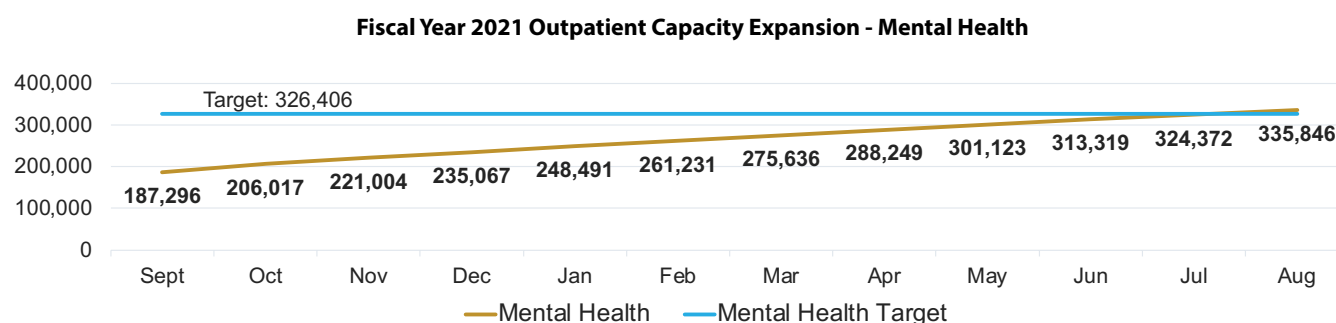


FIGURE 2. *SUD outpatient capacity expansion*

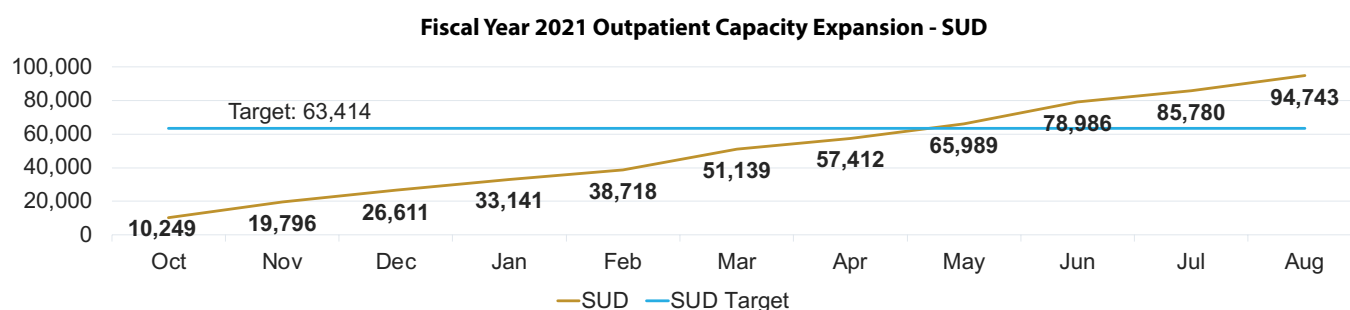
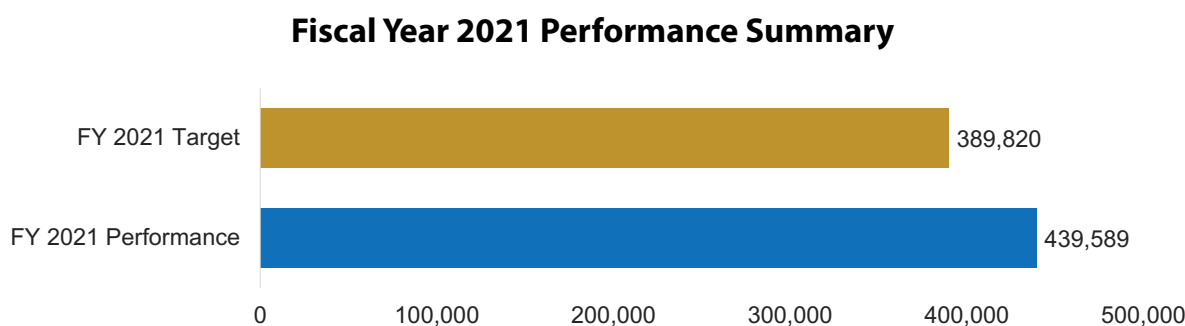


FIGURE 3. *Comparison between fiscal year 2021 performance target and fiscal year 2021 behavioral health service levels*



IDD OUTPATIENT BIOPSYCHOSOCIAL SERVICES PILOT

With a new \$1.5 million in annual appropriations from the 86th Legislature, HHSC contracted with five LIDDAs to develop outpatient services within their local catchment areas in order to break down silos by expanding the IDD Crisis Continuum of Care to include mental health outpatient services. Later named the “Outpatient Biopsychosocial Services” (OBI) pilot, the project launched in November 2020.

The OBI pilot project was divided into two phases, with phase one consisting of a learning collaborative with the five LIDDAs to study and highlight best practices for outpatient mental health care with a holistic biopsychosocial approach. Phase two operationalized these recommendations with IDD Services and Business Operations working collaboratively with multiple LIDDA consortiums and internal agency partners to implement the pilot. Business Operations’ expertise assisted in the successful financial operationalization of the project.

IDD Services offered skills training to both participants in the program and their families to strengthen participants’ natural support system with new techniques and coping skills. The OBI sites offer education and trainings to mental health, substance use, or other professionals on techniques and resources that will enable people with an IDD diagnosis to benefit from mental health services and behavioral supports.

Since launching, the five LIDDAs received an outpouring of positive feedback from pilot participants and their natural supports – people who maintained employment, cultivated friendships and other important relationships, and experienced an overall improvement in managing symptoms related to their behavioral health needs. Parents also expressed a newfound understanding between symptoms of IDD and their mental and behavioral health diagnosis. This increased understanding related to co-occurring IDD and mental health needs highlights the service gaps experienced by this population.

With the OBI implementation, 132 people received new services to address their behavioral health needs. These services improved their lives, assisting them in overcoming crises and helping them gain skills to be successful in the community. Of the 132 people served who had historically high rates of inpatient and jail utilization, 113 (87 percent) avoided hospitalization and incarceration in a 12-month period.



IDD Services Team, December 2021.

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

HHSC expanded the Certified Community Behavioral Health Clinic (CCBHC) model designed to improve community behavioral health services by integrating primary care screenings and SUD care into community mental health care settings, with the goal of improving health care outcomes to 20 sites statewide. As of September 30, 2021, 28 LMHAs and one nonprofit organization are now certified. HHSC is working toward certification of all 39 LMHAs.



(L to R) Paul Maddock, Carla Carlock-Self, Jenny McFadden, Cherhonda Brown, Cindy Grace, and CEO Waymon Stewart celebrate Andrews Center's CCBHC certification.

SUCCESS STORY: CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC

One client was utilizing ambulance services sometimes multiple times a day and frequently in the emergency room. Emergency medical services estimated the client's total utilization service costs for a three-month period at more than \$4 million. Once enrolled in the program, the client received primary care and worked with a clinician on taking medications, getting housed, etc., so the client was no longer using emergency services.



ADULT MENTAL HEALTH: HOSPITAL STEP-DOWN PILOT PROGRAM

HHSC established two pilot step-down homes to facilitate the successful transition of patients who are psychiatrically (and sometimes also medically) challenging to place in traditional settings but who are clinically appropriate for transitioning with proper supports.

Operated by Bluebonnet Trails Community Center and Helen Farabee Center, each step-down home offers six beds in a 24-hour assistance setting and has the capacity to transition more than 12 people annually. HHSC works closely with state hospitals and LMHAs through a referral process to identify, match, and transition eligible state hospital patients to step-down homes which offer individualized services for reengagement into the local community. Participants receive comprehensive services, including medication management, peer support, care coordination, counseling, mental and physical health care, supported housing, psychological and substance use services, and supported employment.

A key pilot component is preparing participants for independent living after exiting the step-down home. Each home encourages participants to engage in meal planning and social activities, and offers flexible curfews to

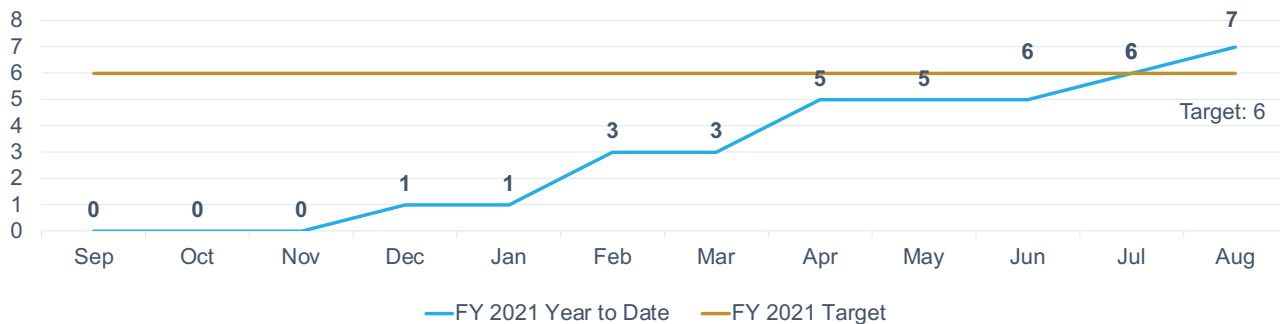
ADULT MENTAL HEALTH: HOSPITAL STEP-DOWN PILOT PROGRAM CONTINUED

allow participants to attend religious services and engage in entertainment, such as reading, listening to music, or playing games.

For fiscal year 2021, the department set a goal of transitioning six state hospital inpatients to the community which was exceeded at the end of the year as seen in Figure 4. Of the seven people transitioned, none were readmitted or required psychiatric hospitalization while in the homes.

Due to the demand for more step-down options statewide, two additional homes will be opened in fiscal year 2022 in Seguin and Houston, operated by Bluebonnet Trails Community Center and the Harris Center, respectively.

FIGURE 4. People transitioning from state hospital to the community

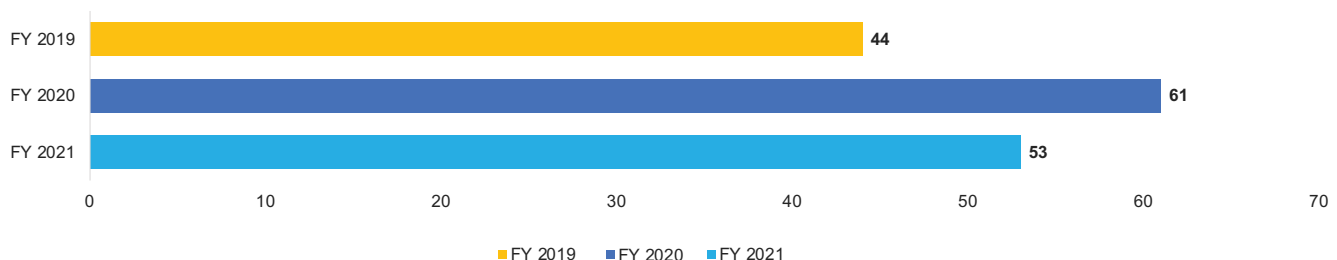


Transitions from State Hospital to Home and Community-Based Services-Adult Mental Health

Using a discharge process for people in a state hospital to transition to the HCBS-AMH program, the department was successful in transitioning 53 people who are psychiatrically or medically fragile. A significant number transitioned during a very vulnerable time as the COVID-19 pandemic surged.

The project has proven successful since 2019. The number of patients discharged and transitioned to the HCBS-AMH program has increased over subsequent years into 2021 as shown in Figure 5. In 2021, 53 patients were discharged to the program, exceeding 2019 by 20 percent. Of all psychiatrically fragile participants enrolled in the HCBS-AMH program in fiscal year 2021, 79 percent have had no state hospital readmissions.

FIGURE 5. People discharged from state hospital to HCBS-AMH program



HEALTHY COMMUNITY COLLABORATIVE: HOSPITAL TO HOME PROJECT

IDD-BHS embarked on a project to provide psychiatric rehabilitation services to assist people transitioning to permanent housing through the Harris Center Healthy Community Collaborative (HCC) Hospital to Home Project. The project had two measures in fiscal year 2021:

- Discharge 24 people from a state hospital, Harris County Psychiatric Center (HCPC), or Neuro-Psychiatric Center (NPC) into the Hospital to Home Project; and
- Transition 12 people from the Hospital to Home Project into permanent housing in the community.

The project was successful with exceeding the target of discharging 24 people from a state hospital, HCPC, or NPC by more than 500 percent as seen in Figure 6. Of the 176 people discharged into the Hospital to Home Project, none required rehospitalization while in the program. The other measure was equally successful with the target of transitioning 12 people exceeded by 300 percent as seen in Figure 7.

FIGURE 6. People discharged from a psychiatric facility into Hospital to Home Project

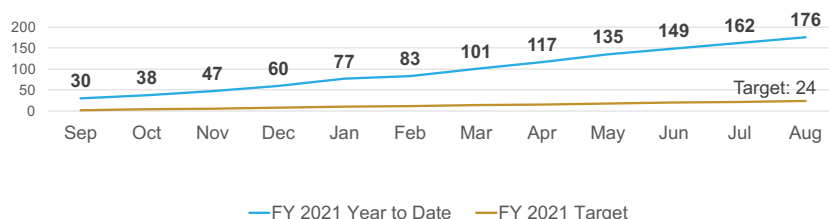
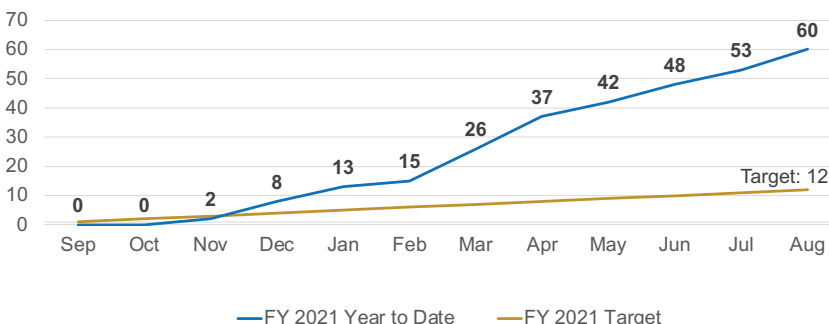


FIGURE 7. People transitioned from Hospital to Home Project into permanent housing



BEHAVIORAL HEALTH MATCHING GRANTS SUCCESS

IDD-BHS manages four state-funded community collaborative grant programs with urban and rural service area match requirements meant to encourage community investment in the program to achieve program sustainability.

Figure 8 reflects the number of people served in each one of the matching grant programs in fiscal year 2021. The positive impacts on Texans from these programs are far reaching as demonstrated by feedback HHSC received from partners and clients.

FIGURE 8. Behavioral health matching grants clients served in fiscal year 2021

MENTAL HEALTH GRANT PROGRAM FOR JUSTICE-INVOLVED INDIVIDUALS (MHGJII)

Address unmet physical and behavioral health needs to those in crisis to prevent initial or subsequent justice involvement and promote recovery.
Number served in FY21: 47,692

COMMUNITY MENTAL HEALTH GRANT PROGRAM (CMHG)

Address unmet physical and behavioral health needs to those in crisis to prevent initial or subsequent justice involvement and promote recovery.
Number served in FY21: 40,721

HEALTHY COMMUNITY COLLABORATIVE (HCC)

Build communities that support the ongoing recovery and housing stability of persons who are homeless and have unmet behavioral health needs.

Number served in FY21: 33,739

TEXAS VETERANS + FAMILY ALLIANCE (TV+FA)

Support community-based, sustainable, research-informed, and accessible behavioral health services to Texas veterans and their families to augment the work of the Veterans Administration.

Number served in FY21: 18,626



SUCCESS STORY: BEHAVIORAL HEALTH MATCHING GRANTS

"Client J. was referred to the Respite, Rehabilitation and Re-Entry center by the Coalition of the Homeless. He had experienced chronic homelessness for over 20 years, and faced substance use challenges and bipolar disorder.



When he came to the center, Client J. shared he was not in touch with family members, but was thankful for the support of a friend. He got a haircut during this time at the Jail Re-Entry Program and told us he 'felt he was accomplishing positive milestones for the very first time in his life' thanks to the supports he received here. As part of the Jail Re-Entry and the Hospital to Home program, Client J.'s care coordinator assisted him in securing stable housing, food stamps and Social Security Disability Insurance.

He credits his successful experience to the support group classes he participated in, geared toward building coping skills, preventing relapse and mental health and substance use education. He shared the topics helped him make better choices for his wellbeing. Client J. is now residing in his first apartment in over 20 years."

-HCC Grantee

Mental Health Program for Veterans

HHSC and the Texas Veterans Commission (TVC) coordinate to administer the Mental Health Program for Veterans which includes training and technical assistance to peer service coordinators and peers, coordination of services for Justice-Involved Veterans, and coordination for local delivery of Mental Health First Aid for Veterans (MHFA-V). Services are implemented through HHSC contracts with TVC, LMHAs/LBHAs, and the Texas A&M Health Science Center.

Justice-Involved Veteran Interventions

Interventions in 2021 totaled 12,127, with the majority occurring via the Veteran Treatment Court at 8,589, followed by probation and parole, and county jail. Others occurred at the state jail, state or federal prison, or at initial law enforcement interaction, the lowest at 394 interventions.

Service Members, Veterans, and Families Trained

Trainings totaled 1,979* in 2021, with the majority on suicide awareness, followed by Military Veteran Peer Network basic training and MHFA-V at 247, the lowest.

* The count is unduplicated for each service type; however, Service Members, Veterans, and Families (SMVF) may have received more than one service type, so there may be duplication across services.

PEER SERVICE COORDINATORS AND VOLUNTEER PEERS PROVIDED:

 **30,187**
SMVF WITH PEER-TO-PEER SUPPORT SERVICES IN A ONE-ON-ONE SETTING

 **10,704**
PEER SUPPORT SERVICES TO SMVF IN GROUP SETTINGS

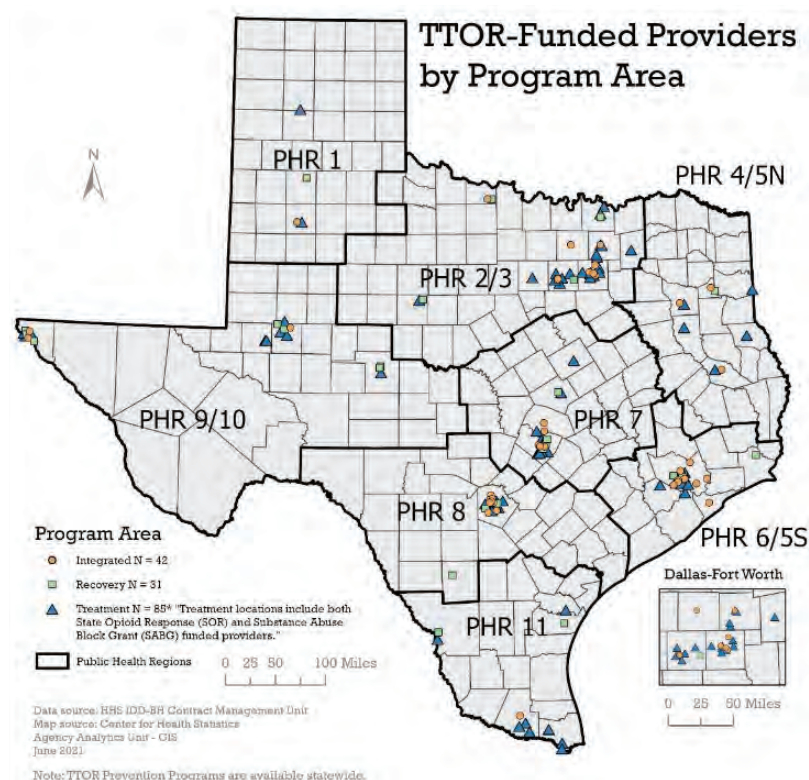
 **29,664**
REFERRALS TO COMMUNITY ORGANIZATIONS SERVING SMVF

 **6,082**
REFERRALS TO CULTURALLY COMPETENT CLINICAL MENTAL HEALTH SERVICES

TEXAS TARGETED OPIOID RESPONSE

The TTOR program aims to address the opioid crisis with strategies spanning the behavioral health continuum of care, funding prevention, treatment, and recovery services, as well as integrated projects. In fiscal year 2021, the TTOR program was supported by four SAMHSA grants: State Opioid Response 2018, State Opioid Response 2020, Strategic Prevention Framework for Prescription Drugs, and First Responders – Comprehensive Addiction and Recovery Act. TTOR also oversees or works in collaboration with programs funded by the SABG and general revenue. Some notable program achievements are below.

FIGURE 9. TTOR-funded providers by program area



TEXAS-SIZED ACHIEVEMENTS



72,084

NALOXONE
KITS WERE
DISTRIBUTED



1,796

LIVES WERE
SAVED



70.7%

OF PEOPLE RECEIVING
STATE-FUNDED
TREATMENT RECEIVED
MEDICATION-
ASSISTED TREATMENT
(MAT)



49.4%

OF PEOPLE IN MAT
AND OFFICE-BASED
OPIOID TREATMENT
HAD A LENGTH OF
STAY GREATER THAN
ONE YEAR



25,728,764

TIMES AN OPIOID
AWARENESS
CAMPAIGN AD WAS
SEEN BY TEXANS



2,247

PARTICIPANTS
RECEIVED
DIRECT
RECOVERY
SUPPORT



228

PEOPLE WERE
ADMITTED TO
MAT THROUGH
THE HELP OF
THEIR RECOVERY
COACH



420

PEOPLE ENTERED
MAT THROUGH
NON-TRADITIONAL
SETTINGS FROM
TTOR INTEGRATED
PROGRAMS

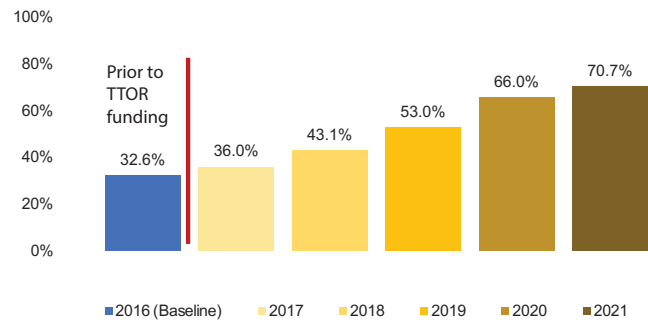
TEXAS TARGETED OPIOID RESPONSE CONTINUED

Other Achievements

The TTOR achieved noteworthy strides in fiscal year 2021. As shown in Figure 10, the number of MATs delivered to clients increased to 70.7 percent, an increase of 7 percent over fiscal year 2020 and a vast improvement since 2016.

More significant progress was seen for the successful opioid-related overdose reversals with 1,796 lives saved, a 41 percent increase over fiscal year 2020, as shown below, and a dramatic increase since fiscal year 2018. The distribution of naloxone kits in the community had a positive impact on the successful overdose reversals. In 2018, 9,483 kits were distributed compared to 72,084 in 2021, a sevenfold increase.

FIGURE 10. Percent opioid use disorder admissions to MAT



Opioid-Related Overdose Reversals Since 2018

$$\begin{array}{ccccccc}
 461 & + & 1,075 & + & 1,270 & + & 1,796 & = & 4,602 \\
 \text{FY18} & & \text{FY19} & & \text{FY20} & & \text{FY21} & & \text{TOTAL LIVES SAVED}
 \end{array}$$

SUCCESS STORY: TEXAS TARGETED OPIOID RESPONSE

The Ysleta Del Sur Pueblo TTOR program partnered with the Aliviane organization to send a client's son to the 4th Annual Jones Brothers Youth Skills Camp hosted by Green Bay Packers running back Aaron Jones and his brother Alvin Jones at William H. Burges High School in El Paso.

The TTOR client was very excited with this opportunity for her son. He commented afterwards that "never in his dreams did he expect to participate in a camp with real NFL players" and he was extremely grateful to the TTOR program for helping him and his whole family.



TTOR client's son poses with Green Bay Packers Running Back Aaron Jones.

STATEWIDE BEHAVIORAL HEALTH COORDINATING COUNCIL UPDATE

Initially created by the 84th Legislature with 18 members, the Statewide Behavioral Health Coordinating Council (SBHCC) now represents 23 state agencies. The Council's work continued with addressing gaps in the current Statewide Behavioral Health Strategic Plan while at the same time developing a new five-year strategic plan through fiscal year 2026. In fiscal year 2021, the Council made progress in enhancing statewide service coordination; increasing use of evidence-based practices; addressing behavioral health workforce shortages; improving information and resource sharing; and identifying and supporting initiatives to meet the strategic plan objectives.

Figure 11 below highlights more details of the progress the Council made in 2021 toward addressing gaps in the current strategic plan.

FIGURE 11. SBHCC fiscal year 2021 progress report



VIRTUAL REALITY ASSISTS WITH TRANSITIONS UPDATE

Initially launched as an MFP-funded pilot in Fall 2019, the IDD-BHS Special Projects team's "Take Me There" virtual reality (VR) project utilizes VR technology to familiarize people with their new surroundings before their move from SSLCs into community settings in order to ease the stress associated with this transition.

Prior to delivering the VR equipment in early 2021 to all 13 SSLCs, staff provided training and ongoing technical assistance to SSLC transition specialists.

In Spring 2021, clients from Lufkin and San Antonio SSLCs successfully utilized VR equipment to assist with transitions into a community-based setting. The person located in Lufkin commented, "I feel like I was actually there [...] I recognize everything, and it was just the way it was." While the client from San Antonio said, "I feel like I was actually just there, and I actually know where everything is now. Makes me feel like I'm at home."

"I feel like I was actually there [...] I recognize everything, and it was just the way it was."

- Lufkin resident



IMPROVING COMMUNITY SUICIDE CARE

Fiscal year 2021 marked the second full year of implementation for the Suicide Care Initiative, a SAMHSA-funded program focused on implementing the Zero Suicide framework into LMHAs and LBHAs. To strengthen the suicide prevention state infrastructure, four Regional Suicide Care Support Centers (RSCSCs) were established as training and technical assistance centers as supports to the other LMHAs and LBHAs in their regions.

TRAINING OUTCOMES



266

PEOPLE ENGAGED
IN EVIDENCE-BASED
TRAIN-THE-TRAINER
SESSIONS



542

PEOPLE TRAINED
IN EVIDENCE-
BASED TREATMENT
OPTIONS FOR PEOPLE
EXPERIENCING
THOUGHTS OF SUICIDE



82

PEOPLE REPRESENTING
21 OF THE 39 LMHAS/
LBHAS TRAINED IN
POSTVENTION, A
HISTORICAL GAP IN THE
SUICIDE PREVENTION
CONTINUUM

Additionally, 67 percent of the LMHAs and LBHAs showed an improvement in their implementation scores over fiscal year 2020 based on their annual Organizational Self-Study, reporting their fidelity and engagement levels in the Zero Suicide implementation process. Also, two RSCSCs showed a significant increase in implementation of the model since fiscal year 2020 through recent site visits, with Integral Care showing a 53 percent increase and MHMR of Tarrant County showing a 62 percent increase in the same time frame.



SUICIDE PREVENTION THROUGH COMMUNITY COLLABORATION

In disaster-affected regions, survivors can suffer serious mental health-related consequences to their well-being. These experiences can be especially traumatic for youth. HHSC was awarded a Resilient Youth – Safer Environments (RYSE) Project five-year grant by SAMHSA through the Garrett Lee Smith Suicide Prevention grant program to benefit the Galveston area impacted by Hurricane Harvey in 2017 and the Santa Fe school shooting in 2018. Galveston County's youth suicide death rate has exceeded the national average over a 15-year period.



Gulf Coast Center and other Galveston County stakeholders formed the Galveston County Suicide Prevention Coalition in May 2021, comprised of more than 15 partners including school districts, faith-based agencies, and local law enforcement. The coalition strives to increase communication and collaboration around suicide prevention, intervention, and postvention efforts, and facilitate educational opportunities and trainings related to suicide intervention and prevention. RYSE grant goals include community training to increase community members' capacity to identify and refer youth and young adults, as well as early identification and referral screening of youth 10 to 24 years old at risk of suicide.

Additionally, the Texas Suicide Prevention Collaborative designed and executed a two-day workshop for 30 participants of five RYSE-focused school districts titled "Texas Advancing Suicide Safer Schools Roadmap" beyond the scope of the grant to meet one of the barriers to school-based suicide prevention: the lack of expertise necessary to design a best practice informed, comprehensive suicide prevention, intervention, and postvention plan.

FIGURE 12. Community members trained through RYSE Project

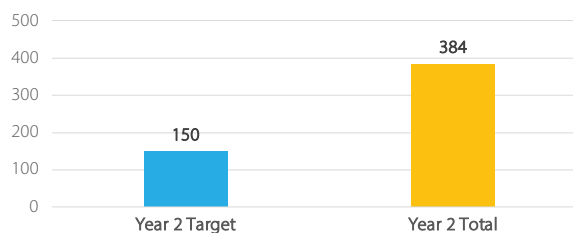
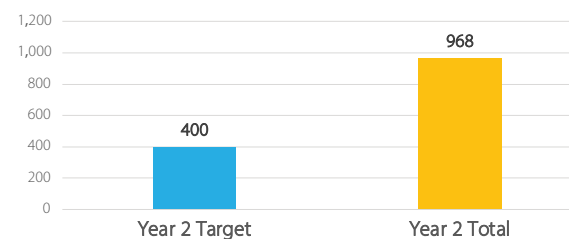


FIGURE 13. Early identification and referral screening of youth 10 to 24 years old at risk of suicide through RYSE Project



EXCEEDING EXPECTATIONS

Exceeding expectations means that every member of the IDD-BHS team shows up each day focused on how they can do the most good for those we serve. In fiscal year 2021, we used innovative approaches to ensure that all Texans have access to meaningful and cost-effective IDD and behavioral health services.



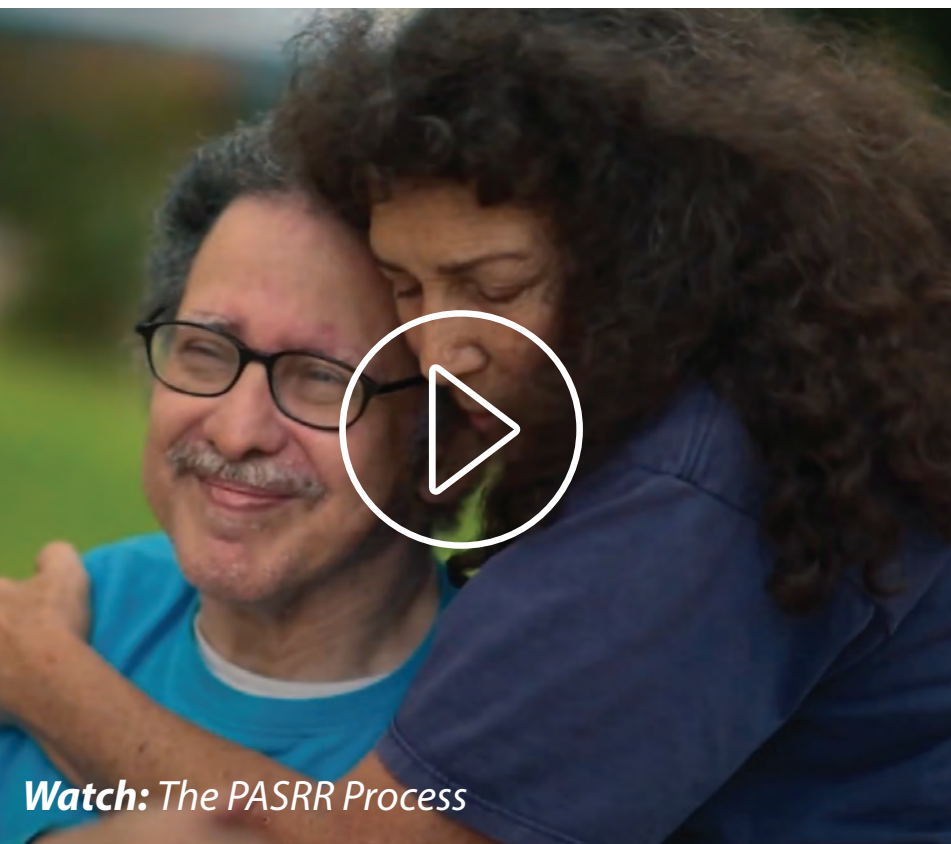
74%

INCREASE IN APPROVED
REQUESTS FOR SERVICES
SINCE FISCAL YEAR 2018

IDD PRE-ADMISSION SCREENING AND RESIDENT REVIEW SPECIALIZED SERVICES REQUESTS

The Pre-Admission Screening and Resident Review (PASRR) Specialized Services review team processes nursing facility specialized services requests for approval or denial, such as for customized manual wheelchairs, durable medical equipment, and occupational, physical, and speech habilitative therapy.

The three-person review team processed a combined 22,817 service and assessment requests submitted on the Texas Medicaid & Healthcare Partnership Long Term Care Online Portal, a 68 percent increase over fiscal year 2018. Of the processed requests in fiscal year 2021, 13,246 were approved for authorized services. This is a 74 percent increase in services since fiscal year 2018. This was accomplished despite a PASRR evaluation backlog due to the public health emergency and transition to a remote work environment.



Watch: *The PASRR Process*

The COVID-19 pandemic brought several new challenges for internal and external partners to navigate. Despite the disruption, staff rose to the challenge by ramping up the use of technology to continue serving clients.

MEDICAID WAIVER HOME AND COMMUNITY-BASED SERVICES AND TEXAS HOME LIVING SLOT RELEASE MONITORING

STAYING TOGETHER IS PROGRESS

IDD Services' HCS and TxHmL waiver slot monitors would likely say communication is their most important tool. Each person who receives an HCS or TxHmL slot offer has their own unique circumstances. Slot monitors must be good listeners with the ability to record details and problem solve.

The COVID-19 pandemic brought several new challenges for internal and external partners, including our LIDDAs, to navigate. Despite these challenges, LIDDA staff excelled by ramping up the use of technology to continue serving clients since people had limited face-to-face contact during 2020, limiting slot offers and enrollment activities.

A total of 6,903 HCS slots were released in the 2020-21 biennium. Of which, 1,709 slots went to people in crisis situations or transitioning from facilities. Additionally, 300 TxHmL interest list slots were released during 2021. This was the first release of TxHmL slots since 2017. Each slot released is monitored by IDD Services staff through completion to ensure the person enrolls in the waiver as quickly as possible.

The majority of the HCS slots released and enrolled assisted with the reduction of the HCS statewide interest list, crisis diversion, and nursing facility diversion and transition. Other slots benefitted children moving from nursing facilities, children aging out, and SSLC Promoting Independence transitions. For TxHmL, 300 slots were released to reduce the interest list.



6,903

HCS SLOTS WERE RELEASED IN THE 2020-21 BIENNIUM



1,709

SLOTS WENT TO PEOPLE IN CRISIS SITUATIONS OR TRANSITIONING FROM FACILITIES



300

TXHML INTEREST LIST SLOTS WERE RELEASED DURING 2021. THIS WAS THE FIRST RELEASE OF TXHML SLOTS SINCE 2017

EXPANDING ACCESS TO CHILDREN'S MENTAL HEALTH SERVICES THROUGH THE RESIDENTIAL TREATMENT CENTER PROJECT

The RTC Project is a partnership between HHSC and the Texas Department of Family and Protective Services (DFPS) aimed at providing intensive support for children at risk of being placed into DFPS conservatorship due to a family exhausting their local community mental health service options and requiring mental health treatment for their child in a RTC.

A key change to the project occurred during the 87th Legislature through passage of S.B. 642, which expanded access to the RTC Project by adding the LMHAs/LBHAs as a referral source. Previously, families interested in accessing services through the RTC Project were required to initiate a referral by calling the DFPS Statewide Intake Hotline and go through an investigation to rule out abuse and neglect. Now, families are able to contact their LMHA/LBHA to request a referral to the RTC Project, ensuring immediate connection to services and support.

The RTC Project experienced significant growth over the past two years as training and technical assistance increased. In fiscal year 2021, 54 children were placed in a RTC for intensive out-of-home treatment and 61 children were successfully diverted from placement because they were connected to community mental health services. This represents a 20 percent increase in placement and 33 percent increase in diversion over the biennium. From September 2020 through August 31, 2021, HHSC received 242 new referrals to the RTC Project.



SUCCESS STORY: RESIDENTIAL TREATMENT CENTER PROJECT

The RTC Project has made a successful impact on keeping children and families together within their communities across Texas. Families have shared the following successes through enrollment in the RTC Project:

- Connecting a parent to their LMHA who provided such quality service that the mother finally felt seen and heard: "I am not hopeless, I am not alone, and I am so thankful for it."
- When the RTC Project team had difficulty finding placement for one referred child, the LMHA was able to enroll the child in the Youth Empowerment Services Waiver, thus keeping the child in the home, resulting in the family discontinuing the RTC placement search.

MENTAL HEALTH FIRST AID ACCOMPLISHMENTS

Since 2014, more than 104,000 people in Texas have received the Mental Health First Aid (MHFA) training, an eight-hour course teaching participants to recognize and support people who experience mental health or substance use issues. Fiscal year 2021 saw a 13 percent increase in overall trainings despite the COVID-19 pandemic. In fiscal year 2021, the MHFA program and statewide partnerships resulted in the outcomes below.

TRAINING OUTCOMES



212

LMHA AND LBHA
EMPLOYEES AND
CONTRACTORS
TRAINED AS NEW
MHFA INSTRUCTORS



13,455

HIGHER EDUCATION
EMPLOYEES, PUBLIC
SCHOOL DISTRICT
EMPLOYEES, AND SCHOOL
RESOURCE OFFICERS
TRAINED IN MHFA



8,479

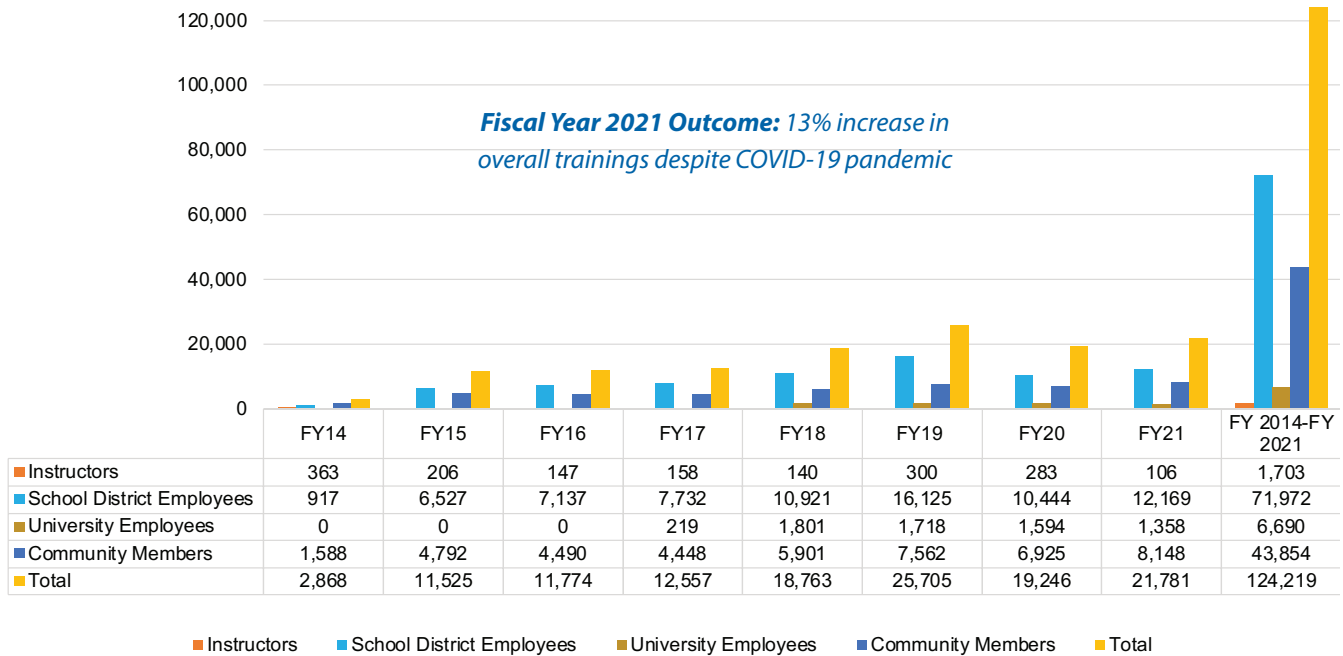
PEOPLE FROM THE
COMMUNITY WHO
ARE NOT HIGHER
EDUCATION OR
PUBLIC SCHOOL
DISTRICT EMPLOYEES
TRAINED IN MHFA



4,068

SERVICE MEMBERS,
VETERANS, AND THEIR
FAMILY MEMBERS
TRAINED IN MHFA

FIGURE 14. MHFA Legislative Initiative numbers trained



Watch: Mental Health First Aid Training



PROCESS IMPROVEMENTS

Finding opportunities to improve internal processes was a hallmark of fiscal year 2021. Throughout IDD-BHS, teams sought to streamline workflows, improve collaboration, and make the most of technological updates.



DEPARTMENT ADMINISTRATIVE RULE COORDINATION

The Cross Division Coordination unit coordinates rule promulgation across the department and has seen rule review and coordination efforts increase almost fivefold since 2019.

To assist with the increased rule activity, Cross Division Coordination staff organized a process establishing quarterly departmental meetings with section rule coordinators, created a handbook to assist with rule development in accordance with agency policy, and developed an automated tracking log and database to monitor rule projects and ensure the department complied with agency timelines for rule development.

In fiscal year 2021, IDD-BHS created, amended, and adopted 16 standard and emergency rule projects during the COVID-19 pandemic. This allowed contracted providers to continue providing services through temporary suspensions and alternatives to service delivery.

DEPARTMENT FINANCIAL DATA WAREHOUSE

IDD-BHS faces a remarkable challenge in the organization and storage of financial information, from identifying financial and contracting data to setting up financial coding elements and compiling data in response to state and federal inquiries and audits. To further complicate matters, the IDD-BHS Department experienced \$417.9 million in growth from fiscal years 2018 to 2022, a 33 percent overall increase.

Today, the IDD-BHS portfolio encompasses approximately \$1.4 billion annually in services. There are approximately 110 unique programs within this scope, including approximately 1,263 unique contracts, funded by 28 state and federal grants. The array of information is so vast, it has begun to exceed the capacity of previously trustworthy information systems and threatens undesirable impact on timeliness.



The IDD-BHS Department experienced \$417.9 million in growth from fiscal years 2018 to 2022, a 33 percent overall increase.

IDD-BHS PORTFOLIO



\$1.4 B

IN SERVICES
ANNUALLY



110

UNIQUE
PROGRAMS



1,263

UNIQUE
CONTRACTS



28

STATE AND
FEDERAL GRANTS
FUNDING
PROGRAMS

DEPARTMENT FINANCIAL DATA WAREHOUSE CONTINUED

Business Operations worked collaboratively with Contract Operations, the Office of Decision Support, and Texas Health and Human Services (HHS) Information Technology Services to develop a mechanism to bring together data from a variety of sources and information platforms into a single database to assist in providing proper financial management and oversight. Known as the “Data Warehouse Project,” the project was divided into two phases.

Completed in August 2021, phase one provided the database structure and framework for the database in the agency’s financial system of record, CAPPS Financials. Phase two began in September 2021 for the purposes of providing a continued feed of information into the newly established database and, in consultation with a professional report writer, kicking off the generation of standardized reports using a reliable, replicable methodology.

At completion, the internal department Data Warehouse Project will address the needs of the Business Operations unit, provide for increased transparency, responsiveness, and accuracy in financial reports, and facilitate agency leadership to quickly respond to ad hoc questions. It will provide access to a compendium of readily available reports in standardized formats, and will serve to better meet the fiscal management and monitoring requirements of Texas fiscal statutes.



GRANTS AND INFRASTRUCTURE COORDINATION UNIT OVERHAULS REPORTING

Innovation & Engagement enhanced the agency's data collection and analysis processes by improving the reporting framework for the collaborative grants. Called the "Measure Up" project, the initiative promoted IDD-BHS' better understanding of the effectiveness of behavioral health collaborative grants established through the Legislature's investment.

The new project aimed at standardizing performance measures for the four Behavioral Health Services collaborative grant programs – HCC, TV+FA, MHGJII, and CMHG – and created a better understanding of the reach these programs have and the outcomes participants are experiencing. The project was piloted for CMHG grantees in fiscal year 2021 during which grantees received support in fine-tuning measures, answering technical assistance questions, and adding additional assessment tools. Results from the CMHG pilot year informed key improvements to measures and the data collection process, which helped assist the HCC, TV+FA, and MHGJII grant programs on grantee selection for their new respective standardized measures.

This project reduced the number of measures from 830 to a standardized menu of 40 constructs and now produces outputs and outcomes on grant performance. Behavioral Health Services now has more timely access to qualitative information on grant implementation. An increase in the number of grantees submitting reports timely was documented in the second half of the fiscal year.

Additionally, staff improved reporting on collaborative grant performance for the SBHCC regarding the impact each collaborative has had on project implementation and mental health outcomes on the populations served. Previously, the reporting was informal.

MEASURE UP STATUS UPDATE

In preparation for fiscal year 2022, IDD-BHS staff developed and streamlined data collection and reporting processes, including developing new user-friendly reporting templates, establishing the framework for reporting dashboards, and training grantees on the new measures. Fiscal year 2021 work laid the foundation for IDD-BHS to have access to more timely outputs and outcomes associated with the four matching grant programs, paving the way for increased support to grantees as they work with people in need of behavioral health services across Texas. Outcomes and output performance will be available for the HCC, TV+FA, MHGJII, and CMHG grants at the end of fiscal year 2022.

The approach has been twofold: improve the quality of the data collected and create efficiencies in the way the data is reported and analyzed.



VIRTUAL TRAINING AND ON-DEMAND LEARNING ENHANCEMENTS

The Office of Decision Support understands the demand for flexibility and convenience in acquiring new skills that best support providers and HHSC staff. During this uncertain time when providers face budget and staffing constraints, the Office of Decision Support's Virtual Training and On-Demand Library have reduced this stress, proving to be a valuable resource to providers and staff.

Since the On-Demand Library launch in March 2020, the Office of Decision Support has taken this virtual resource to new heights. The library now houses 79 training videos, giving users a platform to learn new functionality, processes, program-required documentation, and reports. Over the last year, the On-Demand Library received 1,641 views and 2,161 providers attended virtual training.



The enhancements have led to significant growth in training participant numbers, providing time and cost-effective learning opportunities, as well as vastly reducing the helpline call volume. However, the outcome is best said by the providers in the following statements:

- *"We prefer virtual, as it allows us to save the expense of sending our staff out of town. Additionally, since there is no travel time, we can resume services much faster."*
- *"Online training allows all staff access to the training. Holding training out of our local area increases costs and decreases the number of staff that can access the opportunity."*

ON-DEMAND LIBRARY STATS



79

TRAINING
VIDEOS



1,641

VIEWS



2,161

PROVIDERS ATTENDED
VIRTUAL TRAINING

SUBSTANCE USE DISORDER RISK-BASED MONITORING

After a year-long collaborative effort, IDD-BHS SUD Comprehensive Contract Monitoring Project members have begun the implementation phase of a comprehensive SUD contract monitoring plan. This project began as collaborative planning in Summer 2020. It established collaborative, coordinated processes and procedures to effectively identify and define roles and responsibilities in the implementation of a comprehensive SUD contract monitoring plan. The plan encompasses the use of risk-based data, as well as routine monitoring and review practices across applicable IDD-BHS sections and units.

Over the course of a year, representatives from SUD Contract Management, Contract Operations Fiscal Monitoring, IDD-BHS Quality Management, IDD-BHS' programs, the Office of Decision Support, Business Operations, and Contract Operations met several times a week to identify and define roles and responsibilities. These meetings produced more than 20 project-related procedures, resources, and tools, as well as a framework for ongoing coordination and collaboration. Collaboration and consultation also included the HHS Office of Transformation and Innovations, HHS Compliance and Quality Control Fiscal Monitoring and Single Audit Units, and HHS Internal Audit.

Project benefits include efficiencies through risk-based resource deployment, mitigation of future audit risks, and a collaborative framework for use by other areas within IDD-BHS. The process simplifies incorporating various data elements quickly and effectively.

With the bulk of project tasks completed by the end of September 2021, staff is now focusing on implementation. Each responsible area is initiating newly established processes and procedures, which include planning for annual and quarterly meetings where representatives from all areas will review, approve, and monitor progress toward the comprehensive contract monitoring plan.



Contract Operations Leadership Team, December 2021.

Project benefits include efficiencies through risk-based resource deployment, mitigation of future audit risks, and a collaborative framework for use by other areas.

EMPLOYEE ENGAGEMENT



LEADERSHIP 360 FEEDBACK AND REVIEW PROCESS



A 360 review is a performance evaluation tool that solicits feedback about employees from all directions: their managers, coworkers, and direct reports in a confidential way. Benefits of a 360 review provide actionable feedback to employees and gives them a better understanding of their contributions to an organization. It also improves transparency and communication, as well as provides better insights.

The Innovation & Engagement unit expanded the scope of its employee engagement and process improvement activities through the development of a leadership 360 feedback and review process. The 360 process was an IDD-BHS leadership priority, as well as a suggested improvement activity from the IDD-BHS Staff Advisory Panel. The 360 process allows input from an employee's supervisor and direct report staff, which is compared to an employee's self-assessment. The 360 process also includes feedback from indirect reporting staff, external stakeholders, and others who have worked with the employee.

